

PAUL A. GOSAR, D.D.S.
FOURTH DISTRICT, ARIZONA

2057 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2315

122 N. CORTEZ STREET, SUITE #104
PRESCOTT, AZ 86301
(928) 445-1683

6499 SOUTH KINGS RANCH ROAD, SUITE #4
GOLD CANYON, AZ 85118
(480) 882-2697

220 N. 4TH STREET
KINGMAN, AZ 86401
(928) 445-1683

WWW.GOSAR.HOUSE.GOV



COMMITTEE ON
NATURAL RESOURCES

SUBCOMMITTEES

RANKING MEMBER, OVERSIGHT AND INVESTIGATIONS
ENERGY AND MINERAL RESOURCES

COMMITTEE ON OVERSIGHT
AND REFORM

SUBCOMMITTEES

ENVIRONMENT

NATIONAL SECURITY

Congress of the United States

House of Representatives

Washington, DC 20515-0301

September 23, 2021

Xavier Becerra

Secretary, Health and Human Services
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Office of the Assistant Secretary for Health
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 715-G
Washington, D.C. 20201

CDR Matthew C. Johns, MPH
Region 9 Health Administrator
90 7th Street, Suite 5-100
San Francisco, CA 94103

Re: Phoenix Indian Medical Center

Dear Secretary Becerra:

I am writing today to share my concerns regarding the quality of provided healthcare at the Phoenix Indian Medical Center (PIMC). As you know, PIMC is part of the Phoenix Area Indian Health Service that provides medical care to 140,000 American Indians in Arizona, Nevada and Utah. The PIMC focuses on the needs of urban Indians, with a 127-bed hospital and related services.

Recently, the investigative journalists at Project Veritas interviewed a nurse at PIMC. The interview included a video depicting Dr. Gonzales, an emergency room physician at PIMC, as well as Nurse Deanna Paris, and whistleblower Nurse Jodi O'Malley. These health care providers quite candidly acknowledge that there is deliberate underreporting, or simply non-reporting, by the health care providers at PIMC of COVID data. Specifically, adverse events and reactions to COVID vaccinations are underreported. In 1990, Congress required health care professionals to report to the United States Department of Health and Human Services all adverse events occurring after the administration of recommended vaccines. There are two purposes for this: (1) people injured by vaccines are entitled to compensation pursuant to the Vaccine Injury Compensation Program; and (2) HHS is required to monitor adverse events and make ongoing, rolling evaluations on efficacy and risk, and coordinate with the FDA and CDC, tracking this through the Vaccine Adverse Events Reporting System (VAERS).

My concern is that public health is being jeopardized when on-the-ground health providers are refusing to report adverse events to the VAERS system. It is critical to the nation and the public health crisis posed by COVID that we have accurate data. Underreporting adverse vaccine reactions risks future harm to Americans. In addition, by not reporting adverse events your employees are depriving the individual patients and their families of their legal rights to compensation. This directly harms the patient and poses a risk to other Americans.

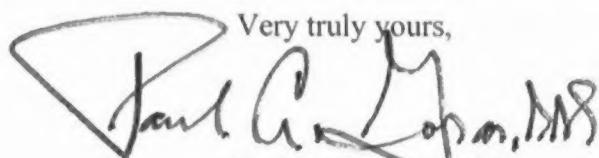
Your own directives state: "For facilities receiving vaccine through IHS, adverse events are reported to the CDC Vaccine Adverse Event Reporting System (VAERS). IHS-operated facilities are also reporting employee adverse events to the IHS Safety Tracking and Response (I-STAR) portal. An active surveillance survey across 58 direct and Tribal Health Program facilities also report adverse events biweekly."¹ The Project Veritas report demonstrates that, at least as to PIMC, this is not the case and no reporting is undertaken.

The fact that the patient is American Indian adds insult to your own admissions that American Indians have suffered disproportionately from COVID than other races. In April, Elizabeth Fowler testified to the Senate Appropriations Committee that "the coronavirus pandemic has highlighted the need for comprehensive, culturally appropriate personal and public health services that are available and accessible to American Indian and Alaska Native people." She further claimed that there was a history of sub-par health care to American Indians and requested more money in the budget "to begin remediating the impacts of chronic underfunding" and "underinvestment" of American Indian healthcare. With your office's admission of providing bad health care to American Indians, we cannot fathom how federal employees are not reporting adverse reactions to VAERS, thus jeopardizing other American Indians, and denying the patient themselves the right and ability to seek compensation for vaccine related injuries.

I am asking that your department immediately:

1. Review all HHS health care systems nationally for compliance with vaccine reporting;
2. Inform patients if they have suffered vaccine related injuries and inform them of their right to seek compensation;
3. Remonstrate employees and contractors for not reporting;
4. Terminate employees and contractors who have deliberately jeopardized public health and harmed individual patients by not reporting vaccine-related injuries.

Thank you in advance for taking action on this and I stand by ready to discuss this with you further.

Very truly yours,

Paul A. Gosar, D.D.S.

¹ "Covid-19 Vaccine: Coronavirus (COVID-19)." *Coronavirus*, 20 Aug. 2021, www.ihs.gov/coronavirus/vaccine/.